N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.: Ward)

[If death occurred is a hospital or institution,

FULL NAME James Watter	andrews give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALL ACOLOROR RACE SINGLE, MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH NN. 22", 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h malive on 200. 22 1914
7 AGE 4 9 mos 23 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	Burnella de la companya de la compan
9 BIRTHPLACE (State or country) 9.0. Bu. ma.	Secondary (Duration) yrs mos 2 ds.
of 11 DIETHBLACE	(Signed) M. D. WY: 23, 19t 4 (Address) Otills from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of death yrs, mos, ds
(Informant) Naul Audrung	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Juryulum	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O
Filed Mar. 2.3 , 1914 J. Z. Shiduw Josef Registrar If more blanks are moded address State Pages	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, it should be used only when needed. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salcsman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacvalvular heart discase; Chronic interstitiat nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; ctc. State cause for



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PHYSICIANS should of OCCUPATION RECORD statement PERMANENT EXACTLY. Exact stated classified. be pino properly AGI supplied. be may certificate. that 80 of pe back terms, should 60 plain DEATH in plain Every item CAUSE OF Important. S

(Address) ---

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CE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St .:---Ward)

lif death occurred in a hospital or institution. give its NAME Instead of streef and nomber.]

DATE OF BURIAL

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) Day (Year) ORDIVORCEO I HEREBY CERTIFY, That I attended descased from DATE OF SIRTH Month' (Day Year) TAGE if LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION unters collect. (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State _____ yrs. Where was disease contracted, if not af place of death? Former or usuai residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 THO ZATANET

BURIAL OR REMOVAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the nisease Groccry; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Nevcr return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc, when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



MARGIN RESERVED FOR BINDING

PHYSICIANS classified. 4 pe pe UNFADING may certificate. 80 terms. 00 plain Instructions ٥ P DEATH 10 Item PO mportant. ш CAUSE Ø ż

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 24 It deeth occurred toWard) a hospital or lostitution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) (Year) ORDIVORCED (Write the word) That I attended decessed from 6 DATE OF BIRTH Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place lo the ot death _____ yrs. ____ mos. ____ ds. Slate yrs, ____ mos. (State or country Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence OR REMOVAL (Address) ... 15 ADDRESS f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the dibease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," etc. (name origin; "Can-State cause for Examples:



V. S. No. 1.

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County Fall 11840	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 29
VIIIage or City Caston (No. ,)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale Black Sincle, Middow on Divorced (Write the word)	16 DATE OF DEATH 205 28, 1914 (Month) (Day (Year) 17. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Linenown (Month) (Day (Year)	1914, to 200 , 191 , 191 , that I last saw h & alive on 24 , 1914
TAGE Cerebrown t day,hrs. yrsmosds. ORmin.?	and that death occurred on the date stated above, at 430 Pm. The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) SHRTHPLACE (State or country)	Contributory Condary (Buration) yrs Comos ds. (Buration) yrs mos ds.
of Father 11 BIRTHPLACE OF FATHER (State or country) Junkenown 12 Maiden Name OF MOTHER OF MOTHER	(Signed) (Address) Royal Oak Ond *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Clara Barnett 13 BIRTHPLACE OF MOTHER (State or country) Unknown 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Sloyd Furnberry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs mos ds. State yrs mos, ds Where was disease contracted, If not at place of death?
(Address) Castoro Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nikham 2000 12/1 1914 29 UNDERTAKER ADDRESS

Local REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as should be taken to report specifically the oecupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-Is very important, so that the relative healthful-If retired from business, that fact may be indl-Never return Farmer (retired 6 yrs.) For persons "Laborer," Laborer-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interslitial nephrilis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonscqueuees (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS-OF INJURY and qualify as mia," "Tuerperal peritonitis," ehildbirth or miscarriage as "Puerperal seplichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) telanus) may be stated under the head Always qualify all diseases resulting from Meastes "Seuile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," ete. State eause for Never report For vio-



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Tallor 157	>
Village or City Bryman (No	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 291

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]

FILL NAME

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Mule 5 Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Pur 3	HEREBY CERTIFY, That I attended deceased from
. (Month) (Day (Year)	that I last saw how alive on 1919
7 AGE If LESS tha	m and that death occurred on the date stated above, at m.
yrs mos ds OR min. ?	THE CAUSE OF DEATH & Was as follows:
8 OCCUPATION	- Cougula Heart walle
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary MARCLEY
10 NAME OF O	(Ouration) yrs mos ds.
FATHER WALL SW. BROWN	(Signed) all for Delle 100 000 100 100 100 100 100 100 100 10
11 BIRTHPLACE 1 0	har 12/191 of (Address) Do Michaels
OF FATHER (State of country) / alboff. 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	*State the Dispase Calleing Deamy on in deaths do
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER CANALONS	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) Af place In the
(State or country)	of death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
do 300 0 .	If not at place of death?
(Informant)	Usual residence
(Address) Organon	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15	- Bournan hor- 12 1914
Filed Mov 12 1914 I Howales	20 UNDERTAKER ADDRESS
Zeal REGISTRAR	Co 1 Stranks of his alice
If more blanks are needed, address State Reg	ristran & F. Enanthin at Dalla Passadi T. C.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; ness of various pursuits can be known. The question eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uce-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Tuerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerreral septichaeeause. Always qualify all diseases resulting from ete., when a defiuite disease can be ascertained as the nus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeoudary), 10 ds. Never report ample: Mcastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Scuile," ete.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in piain terms, so

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 291

St.; Ward)

[If death occurred in a hospital or institution,

FULL NAME Pallian Chan	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Golors Single, Married, Moorred ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 14 HEREBY CERTIFY, That I attended deceased from
TAGE TAGE TOTAL	that I last saw h wallve on Row 3 ch, 1914, and that death occurred on the date stated above, at 600 a, m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Source R. R. C. S.	(Buration) / yrs. 6 mos. ds.
OF FATHER (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) / Jrs
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Tellet Coo 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Therefore Colored	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Casto 2nd 16 Filed OS / 1914	19 PLACE OF BURIAL OR REMOVAL Stemment 1 / 11 , 1914. 20 UNDERTAKER ADDRESS ANDRESS ANDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemie eere-prospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERFERAL peritonitie," etc. State eause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For Vio-



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beatH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Item of Information should be FO Important. CAUSE N.B.

	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 294 St.; Ward) [If deeth occurred in a hospital or institution, give its NAME instead
2 FULL NAME / Ebster Journ	son Cospet of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
male Philo Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH July 1919 (Month) (Day (Year)	that I last saw h Lim allve on Nov 8 29, 1914.
TAGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
particular kind of work. (b) General neture of Industry, business, or establishment in which employed (or employer)	(Buration) yrs mos ds.
(State or country) fair back. Jul Got Co 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Ouration) yrs mos ds. (Signed) / Levely / Level , M. D. 200. 9-, 1914 (Address) / Level /
13 BIRTHPLACE OF MOTHER (State or country) Lilyhman ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs
(Informant) The BEST OF MY KNOWLEDGE	If not at place of death? Former or osual residence.
16 Nov 10 1914 97 Justisace	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the oecupation has of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Preeise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthfui-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accieause of death approved by Committee on Nomenelais less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (dlsease eausing death), 29 ds.; For VIO-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is year See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every item of information should be CAUSE OF DEATH in plain terms, s Important. N.B.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

		147		4	
 J.	 	· WY	ar.	O).	

[If death occurred io a hospital or institution give its NAME Instead of street and nomber.

			- 1
	Os.	C 1	
2FULL	NAME Mary	-6 look	cran

ORDIVORCED (Write the word) S DATE OF BIRTH AMONTH) (Day (Year) TAGE If LESS than 1 day, hrs. mes. ds. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work. Austral of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Parallall (A) (Month) (Day (Year) (In the word) (In t	2 FULL NAME Plany & Works	211
MARRIED, Mathur Widoweo, or Divorced (Write the word) DATE OF BIRTH TAGE If LESS than 1 day, hrs. mes. ms. ms. ms. ms. ms. ms. ms. ms. ms. m	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE Secondary	MARRIED, Manued	(Month) (Day (Year)
TAGE If LESS than 1 day,hrs. The CAUSE OF DEATH* was as follows: Coccupation Country Contfibutory Contfi	6 DATE OF BIRTH Auly 9 , 1843.	(act 10 , 194 to now 10 , 1914,
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Serrespondent of the country of the countr	7 AGE If LESS than 1 day,hrs.	
Secondary Secondary Contributory Collins Secondary	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Oslis Mycletis (Ouration) yrs. 3 mos. ds.
10 NAME OF	9 BIRTHPLACE (State or country) Caroline les	Secondary (Duration) J. yrs mos / O ds.
12 MAIDEN NAME CAUSES, SERIE (1) MEANS OF INJURY; And (2) whether Acc	11 BIRTHPLACE OF FATHER (State or country) Canoline los 2 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, Or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
13 BIRTHPLACE OF MOTHER (State or country) Unknown At place of death yrs mos ds. State yrs mos	13 BIRTHPLACE OF MOTHER (State or country) Unknown	At place In the of death yrs mos ds
(Informant) Carleil Contrain Where was disease contracted, if not at place of death? Former or usual residence.	contain back	If not at place of death? Former or usual residence
(Address). Offord Milling Date of Burial Or Removal 15 Filed May 1, 191 1 20 undertaker N. D. Micholo Def Registrar If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Filed New 11, 181 the holo Dep REGISTRAR	Orford Cerretry Nov 12 , 1914 20 UNDERTAKER BADDRESS Spence & Mullikew Bas tow Mob

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Sculle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Comvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affectiou need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as ete., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "PUERPERAL scplichaeof



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

W. B. No. 1.

County Fall 11845	STATE OF MARYLAND CERTIFICATE OF DEATH Registration, Dist. No. 292
FULL NAME (No. (No. (No. (No. (No. (No. (No. (No.	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIEO, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Tear)	191 4 to 2 191 4 that I last saw alive on 191
Stell fru ds. ds. or. fmin. ?	and that death occurred on the date stated above, at // m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, er particular kind of work	(Buration) Trs. mos. ds.
SBIRTHPLACE (State or country) Fully Heb	Contributory (Secondary) Secondary Secondary Secondary Secondary Secondary Secondary
10 NAME OF FATHER Source 11 BIRTHPLACE 11 DIRTHPLACE	(Signed) 9 Of Angle (Address) Centry mg D.
Coffather (State or country) fall to	*State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address). Of the Market Marke	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MY 23, 191.
Filed Mr 23, 1914 Menty Local REGISTRAR	20 UNDERTAKER P. Mall In Hopkins
If more blanks are needed, address State Registrar	e, 6 E. Franklin St., Balto., Requesting V. S. No. Mul John

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfuiwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid decompositions); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -H art failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcreiy symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medicai Association.) "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (name origin; "Can State cause for Examples:



WRITE

S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very A PERMANENT PLAINLY, WITH UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in piain terms, s Important.

11846 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 29/
Village or City O: Michaels (No. ,)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WORDINGRED 6 DATE OF BIRTH (Month) (Day (Year)	(Month) (Day (Year)) 17 HEREBY GERTIFY That I attended deceased from 1914, to 4 1914, that I last saw home alive on 1914
7 AGE (Month) (Day (Year) 1 If LESS than 1 day,	and that death occurred on the date stated above, at G / h. The CAUSE OF DEATH# was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmant in which employed (or employer) Performance (State or country)	(Ouration) yrs mos / 3 de. Contributory wolf kur
10 NAME OF FATHER Reduced Grown 11 BIRTHPLACE OF FATHER (State or country) / Cells Co. 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disasse contracted, It not at placa of death? former or usual rasidenca.
(Address) STWeball 16 Filed. Nov 5-, 1914 John Hwarales Gocal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL St Michaell 20 UNDERTAKED ADDRESS St Michaels

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborerstatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persous eugaged in domestic service for wages, as gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton milt; (a) Salesman, essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are cugaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, ctc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by raitway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetunus) may be stated under the head of (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," ctc. State cause for death), 29 ds.; For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
TOOL 11041	CERTIFICATE OF DEATH
Gounty 6	Registered No. 292).
Village or City Vrappe (No. 1)	St; Ward) [it death occurred in a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, widowed on pivonced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1917, to Oet (1917)
$\frac{\text{(Month)} \text{(Day)}}{\text{(Year)}}$	that I last saw h. M. alive on Oclover 28 ,1914
7 AGE 68 yrs. mes. ds. OR. min. ?	and that death occurred on the date stated above, at 10 a.m., The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	With possysis (Ouration) 4 yrs mos os. Contributory Coma
(State or country) Maryland	(Secondary) (Deration) yrs mes 3 ts.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MAN SKILLING	(Signed) Mllau S. Segurou M. D. Mov 1 , 1914 (Address) Traffe Mud *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 4 yrs. 10 mos. ds. State 78 yrs. mos. ds.
(Informant) S. Blauer Supl	Where was disease contracted, St michaels md Former or usual residence. St michaels Wichaels
(Address) Inple no 100 15 Filed Wor. 200, 191 of Sulfas Con Sus Registrar	19 PLACE OF BURIAL OR REMOVAL LOVELY OF THE MOVE 2, 191 4 20 UNDERTAKER BLANCE ADDRESS NO. Blance Stappe Mo
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of sucb, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as cbildbirth or miscarriage, as "Pureresal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples: HOT VIO



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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 12006 Gounty Salkary	STATE OF MARYLAND CERTIFICATE OF DEATH 293
	Registration Dist. No.
Village or City Mar Leven Oynor,	St.; Ward) [If death occurred in a hospitat or institution, give its NAME tostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, PARTIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MOV 4th , 1914 (Month) (Day (Year)
hew Luce Oine (Month) 4 (Day 1914 (Year)	that I last saw him awa on 1914.
TAGE Still born If LESS than 1 day,	and that desth occurred on the date stated shove, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Still Com (Duration) yrs mos us
10 NAME OF FATHER GALLER STATE	Contributory Secondary (Deration) yrs mos ds (Signed) A O O O O
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A HOCK II MY	if not at place of death? Former or usual residence.
(Address) Queen Onne Mil. 16 Filed Mov. At 1914 D George Man Part - 1915 J. Gardner REGISTRAR	Dellaw Line ary Date of Burial 20 UNDERTAKER ADDRESS Lingel Moon Deulaw Son
If more blanks are needed, address State Regis	strat 6 E. Franklin St., Balto., Requesting V. S. No. 1.

COPY SENT TO LOCAL REGISTRAR No.2 11 DATE 2 - 22 - 14

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH COPY SENT TO LOCAL REGISTRAR N. 293 DATE V- 13-15

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

dent: Revolver wound of head—homicide: Poisoned by earbolic acid—probably wiede. The nature of the injury, as fracture of skull and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on stat ment of cause of death approved by Committee on Nomencla-ture of the American Medical Association.) LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronio Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," cte.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from death), 29 ds.; For VIO-



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 2 FOR PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN WRITE

V. S. No. 1.

N. B.

	The state of the s
PLACE OF DEATH	STATE OF MARYLAND
County Talkoh 11040	CERTIFICATE OF DEATH
	Registration Dist. No. 270
Village or City Eastern Mel (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Mary S. Munn	OT SCIENCE AND HOUNDER, J
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamale White (Write the word)	16 DATE OF DEATH (Month) (Day (Vear) 17. I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Moath) (Day (Year)	191 / to 2 / 3 191 / that I last saw her alive on 2 / 3 191 /
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 7,400 m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.	Corcurous of Stonach
(b) General nature of Industry, business, or establishment in which employed (or employer)	frobably (Ouration) 2 yrs mos ds.
State or country) Jalost Leo	Contributory Secondary (Buration) yrs mos ds
10 NAME OF Bichard & Juston	(Signed) Lor The Tun Folia, M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
12 MAIDEN NAME OF MOTHER THATISHER Some	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BINTHPLACE OF MOTHER (State or country) Lallott (e)	At place in the of death yrs mos ds. State yrs mos ds
(Intermant) The E Couralier	Where was disease contracted, if not at place of death?————————————————————————————————————
(Address) Easton 2nd,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
The Morth make 1 B. Fair bank	2º UNDERTAKER ADDRESS.

Local

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklia St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tubercuckis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from affection need not be stated unless important. valvular heart disease; Chronic interstitiat nephrilis, oma, Sarcoma, etc., of...... (name origin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) eause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent,)



V. S. No. 1.

. \	1 PLACE OF DEATH	STATE OF MARYLAND
	11843	CERTIFICATE OF DEATH
0	ounty sucoo	Registration Dist. No. 295
	Z. O	Registration Dist. No.
V	illage or City Irappe (No	St.;Ward) [If death occurred in a hospital or institution,
	112	give its NAME Instead
	2 FULL NAME Prattheas. Mar	uliave Augmoure of street and number.]
_		HEMONI CERTIFICATE OF REATH
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH Nov. 164 1914
	mile. Thite word warned.	(Month) (Day (Year)
6	DATE OF BIRTH	17 FIEREBY CERTIFY, That I attended deceased from
	June 1 .840	101.16 1914, to his 18 1914
	(Month) (Day (Year)	that I last saw hard alive on 451, 16 ,191 &
7	AGE If LESS than	and that death occurred on the date stated above, at 5 7, m.
	651 vs. S1 mas / de Op min 2	The CAUSE OF DEATH* was as follows:
8	OCCUPATION ds. OR min.?	
	(a) Trade, profession, or	apopleyy.
	particular kind of work.	
- 1	business, or establishmenf in	(Duration) yrs mos 2/vos
-	which employed (or employer)	Contributory
	(State or country) Valbot 6	Secondary
	10 NAME OF O	(Busation) yrs mos ds.
	FATHER Veriel Valahuran Sermour	(Signed) Posell as Cos. N.D.
0		hr. 16" 19 ((Address) Trappe and
7	(State or country) Jalba 6.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ADENTE	12 MAIDEN NAME CO	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
0	OF MOTHER Cliza Jane, merriele	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE	At place In the
-	OF MOTHER (State or country) Talbot Co	of deathyrs,mosds. Stateyrs,mosds Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Interment) Vilghman Sugaron	Former or usual residence
	Trable no	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
11	(Address)	Spring All Cemelery Easton Nov. 18, 1914
11	Tor 167 met bosell of Good had	29 UNDERTAKER ADDRESS
	Filed 101.70 ,191 Focal REGISTRAR	Sperce & hulber Easton tod
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



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state Very si NOI PHYSICIANS shou statement ciassified. pino properi supplied. pe may 00 terms. ATH in plain instructions See Q OF mportant. Every It.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 29 8 If death occurred in St .: Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE MARRIED. WIDOWED, Framed (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH , 1914 to Move that I last saw have alive on Nov. 22 1914 (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 12/5 10 m. 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work Melersen (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory.... 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. ___ ds. (State or country) State yrs. ____ mos. ... Where was disease contracted. If not at place of death?.... Former or usual residence. REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Bako., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Meastes; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; vulvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURGAU, V.S.

S. No. 1.

N.B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH County Talbut 11851	STATE OF MARYLAND CERTIFICATE OF DEATH
The second of th	Registration Dist, No. 291
St michale	Ilf death accurred

Viti	2 FULL NAME John a Th	st; Ward)	[If death eccurred in a hespital er institution, give its NAME instead ef street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5	rale Black (Write the word)	16 DATE OF DEATH NOV. (Month)	(Day (Year)
6 D	ATE OF BIRTH April 21, 11.89 (Month) (Day (Year)	that I last saw held alive on flow	attended deceased from
TAG		and that death occurred on the date atated The CAUSE OF DEATH* was as follows:	above, at 10 A m.
(a) par (b) bus whi	CCUPATION Trade, professien, or ticular kind ef werk General nature ef Industry, mess, or establishment in ch employed (er empleyer) RTHPLACE (State or country.)	Contributory Lyprofusers	Fever yrs. mos. 9 ds.
ARENTS	10 NAME OF LACO Throm as 11 BIRTHPLACE OF FATHER (State or country) Tallof Co	(Signed) *State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; an	yrs mos ds. M. D. Muchaels In deaths from Violent
Ω.	13 BIRTHPLACE OF MOTHER (State or country) Talbut	18 LENGTH OF RESIDENCE (FOR HOSPITALA, OR REGENT RESIDENTS) At place in the ef death yrs mes ds. State	
	Interment) Annal the mas	Where was disease contracted, If net at place of death? Fermer er usual residence.	
16	(Address) Sount Mofeals Md	ondertaken	DATE OF BURIAL LOUNT 16, 1914 ADDRESS
	If more blanks are needed, address State Regis:	trar, 6 E. Franklin ft., Balto., Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nnqualified, is indefinite). Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 ds., valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of sknli, and consequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerreral septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convnisions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumouia (secondary), 10 ds. Never report is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or Intercurrent) "Puerperal peritonitis," etc. State cause for totanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.

PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

B.—Every Item CAUSE OF Important.

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1 PLACE OF DEATH

11852

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

Village or	City Miles	Pirer nerk-	(N6/21/320)	is tome	 ard)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDDWES, ORDIVORCED (Write the word)	16 DATE OF DEATH 22 , 1914 (Month) (Day (Year)
6 D/	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from World 6 1914, to Cov 22 1914
	(Month) (Day (Year)	that I last saw her alive on Low 21th 1914
TAC		and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(8)	Trade, profession, or African State	Gerebal Heccarhage,
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) 3 yrs mos ds
9 B1	RTHPLACE (State or country)	Gontributory Old age -
S	10 NAME OF FATHER LEVER CONTROL and Steman	(Signed) (Suration) yrs mos ds (Signed) , M. D (Address) Control of the suration of the sura
ARENT	OF FATHER (State or country) There are too	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) and the Top	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
	Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address). Sootie med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	11/23 ,1914 JB Jailank	29 ONDERTAKER ADDRESS ADDRESS AND MA
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Conventsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cte,, when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of FOF VIO



S. No. 1.

PHYSICIANS should state of OCCUPATION is very A PERMANENT RECORD stated EXACTLY. properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in piain terms, so that it m See instructions on back of certificate. N. B.-Every item of information should be CAUSE OF DEATH in piain terms, se Important.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

St.;....Ward)

[If death occurred la a hospital or Institution. give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Acolororrace Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month, 2 4 (Month) (Day (Year)
6 p/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 AC	Mov. 2 4 1914	that I last saw h
(a) par (b) busi	CCUPATION Trade, profession, or Ticular kind of work General nature of Industry, iness, or establishment in ch employed (or employer)	Pleasing freeze
9 81	11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER WILLIAM OF MOTHER WILLIAM 13 BIRTHPLACE OF MOTHER WILLIAM WILLIAM	Contributory Secondary (Buration)
	State or country) Unknown HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence.
16 File	(Address / Earland ed Feb 27, 1915 / B Faurbank	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	If more blanks are needed, address State Registran	And the Property of the Park

Registrar, 6 E. Frankiin St., Balto., Requesting V. S. No. 1.

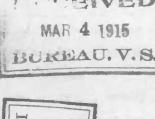
[Approved by U. S. Census and American Public Health Association.]

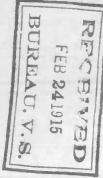
gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous As examples:

> valvular heart disease; Chronic interstitial nephritis, nant neoplusms); Mcastes; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Соша," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertakeu. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

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S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

11853

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

Ward)

[It death occurred in a hospital or institution, give Its NAME Instead of street and number.]

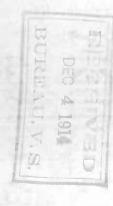
PERS	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Month) (Day (Year)
8 DATE OF BIRT		I HEREBY GERTIFY, That I attended deceased from Oct 28, 1914, to Nov. 14, 1914, that I last saw h Am alive on Nov. 14, 1914
⁷ AGE	44.5 yrs 10 mos 28 ds. It LESS that t day,hrs	The CAUSE OF DEATH* was as follows:
(a) Trade, profession particular kind of (b) General nature	work Tarmer	- Ityphod
business, or estal which employed (or	blishment in r employer)	Contributory acute Mephreto
9 BIRTHPLACE (State or eo	Polanoon Proposition of the Company	(Signed) A was B New 3 as. (Signed) A was B New 3 as. (Signed) 4, 1914 (Address) Closton 2nd
12 MAIDEN OF MO	THER Chena & Condrish	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	LACE "HER or country) Clawore Is true to the Best of MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death?
(Intormant)	my sde & Habb	Former or usual residence
(Address). 16 Filed Now	16, 1914 J. B. Fairbanh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1914 20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Res	gistrar, 6 E. Franklin St., Ballo, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeeper's mine, etc. Women at home, who are engaged in the additional live is provided for the latter statement; Civil engineer, Stationary fremun, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Satesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carvin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," childbirth or inlsearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by raiticay train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report ture of the Americau Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, If impossible to determine definitely. Examples: The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallgtetanus) may be stated under the head of Always qualify all diseases resulting from "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for death), 29 ds.;



SICIANS should a RECORD PERMANENT UNFADING certificate. 0 10 WITH back instructions DEATH II. Every Ite mportan

13 BIRTHPLACE OF MOTHER (State or country)

15

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. N Ilf death occurred in St.;.....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH MARRIED, Marced WIDOWED, Write the word) HEREBY CERTIFY, That I attended deceased (Month) (Dav (Year) 7 AGE If LESS than f day hrs. OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or smployer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER

I	OR RECENT RESIDENTS)		, THAILBIEN	
	Al place	In the		
	of death yrs mos ds.	State yrs.	mos.	d:
1	Where was disease contracted.			

If not at place of death? ...

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL	
29 UNDERTAKER	

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the ness of various pursuits can be known. The question cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Porcman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgeultal," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

